

Application for Employment

Name of Company _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at anytime with or without notice, and the Company has the same right.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my credit history and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, it may result in discharge.

_____ Date

_____ Signature of Applicant

Please answer all questions. Resumes are not a substitute for a completed application.

Name _____					
(Print) Last	First	Middle			
Present Address _____					
Street and Number					
_____			How long have you lived there?		
City	State	Zip	Years	Months	
Home Tele # _____		Alternate Phone or Cell # _____		E-mail: _____	

Can you produce documented proof of your eligibility for employment in the United States? Yes No

If under the age of 18, can you provide required proof of your eligibility to work. Yes No

Have you ever worked for this company before? Yes No

If yes, please give dates and position: _____

Within the last ten years, have you been convicted of a felony or a theft, perjury or forgery misdemeanor? Yes No
 You need not identify any conviction that has been expunged from your record.

If yes, please explain. Identify the date and court in which your conviction occurred.

Conviction will not necessarily disqualify an applicant from employment.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for **all** periods of time omitting none including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	Supervisor	
City, State, Zip Code				
Telephone				

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer: Yes No If no, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions:

- | | | | |
|--|---|--|--|
| <u>OFFICE</u> | <u>SALES / LEASING</u> | <u>SERVICE AND REPAIR</u> | <u>PARTS</u> |
| <input type="checkbox"/> CONTROLLER | <input type="checkbox"/> SALES MANAGER | <input type="checkbox"/> SERVICE MANAGER | <input type="checkbox"/> PARTS MANAGER |
| <input type="checkbox"/> OFFICE MANAGER | <input type="checkbox"/> F & I MANAGER | <input type="checkbox"/> SERVICE ADVISOR | <input type="checkbox"/> PARTS COUNTER |
| <input type="checkbox"/> TITLE CLERK | <input type="checkbox"/> LEASING MANAGER | <input type="checkbox"/> SHOP FOREMAN | <input type="checkbox"/> PARTS STOCKER |
| <input type="checkbox"/> ACCOUNTS RECEIVABLE | <input type="checkbox"/> AFTER MARKET SALES | <input type="checkbox"/> TECHNICIAN | <input type="checkbox"/> PARTS DRIVER |
| <input type="checkbox"/> ACCOUNTS PAYABLE | <input type="checkbox"/> NEW CAR SALES | <input type="checkbox"/> WARRANTY CLERK | |
| <input type="checkbox"/> PAYROLL | <input type="checkbox"/> USED CAR SALES | <input type="checkbox"/> DETAIL | OTHER |
| <input type="checkbox"/> RECEPTIONIST | <input type="checkbox"/> TRUCK SALES | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CASHIER | <input type="checkbox"/> USED CAR MANAGER | | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> FLEET MANAGER | | |

TECHNICIAN APPLICANTS: Please list all current certifications as well as any other special technical qualifications:

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course Of Study or Major	Describe Specialized Training, Experience and Skills
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

How did you learn about us?

- Advertisement *Where did you see our ad?* _____
- Relative/Friend (non-employee)
- Employment Agency Internet Other _____

Employee Referral

Name _____

Relative* Friend

*Relationship _____

PERSONAL REFERENCES

Please list persons who know you well — not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license been suspended or revoked in the last ten years? Yes No If yes, please explain circumstances:

Do you have personal automobile insurance: Yes No Insurance Company: _____

Has your personal automobile insurance been cancelled within the last ten years? Yes No If yes, please explain circumstances:

Have you been convicted of driving under the influence (DUI) within the last ten years? Yes No

If yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last 5 years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE.

Date

Signature of Applicant

Employment at Will and Arbitration

Read this document carefully.

It contains important information about limitations on your rights should you become an employee of this Company.

If hired, you are employed pursuant to the Company's "at will" policy. Your employment and compensation can be terminated by the Company or by you at any time, with or without cause and/or with or without notice.

You agree that if any dispute arises, the dispute will be resolved by binding arbitration by a single arbitrator under the applicable rules of the alternative dispute resolution agency (ADR Agency) named below, with the arbitrator rendering a written decision with separate findings of fact and conclusions of law.

A Dispute is any civil claim or controversy which would otherwise require or allow resort to any court or other governmental dispute resolution arising from, related to, or having any connection whatsoever with your employment by the Company, whether based on tort, contract, statutory or common law, equity or otherwise, specifically including but not limited to any and all matters arising under federal, state or local civil rights or employment related laws, regulations, rules or theories. Notwithstanding the foregoing, the following will not be considered a Dispute:

- 1) a workers compensation claim which shall be subject to Virginia workers compensation claims procedures;
- 2) exclusively monetary claims of less than \$15,000 which may be brought in the appropriate General District Court; or
- 3) claims or actions by government agencies enforcing any law which is not subject to arbitration.

The arbitrator herein shall be a member of the bar of Virginia chosen pursuant to the rules of the alternative dispute resolution agency (ADR Agency) named below. All rulings or pleadings, discovery and evidence applicable to civil actions in Virginia's circuit courts shall apply as determined by the arbitrator. The resolution of the Dispute shall be based solely upon the law governing the claims pled (whether federal or Virginia, as the case may be), and the arbitrator may not invoke any basis other than such controlling law. Any Dispute must be submitted to arbitration within the time limit for action under the statute or other law regulating the statute of limitations for such action and shall be subject to all prior governmental filings as required by the applicable law. An award by the arbitrator shall be final and binding on all parties to the proceeding. The arbitration shall take place in the city or county in which the Company is located. All arbitration costs and expenses shall be borne as determined by the arbitrator.

By agreeing to this binding arbitration provision, both the Employee and the Employer give up their rights to trial by jury. This is the exclusive procedure for remedy for any Dispute covered. This is the entire understanding between the Employee and the Employer regarding Disputes about employment and reasons for termination of employment. There is no other contract concerning employment between the Company and you.

ADR Agency
The McCammon Group
111 E. Main Street, Suite 1700
Richmond, VA 23219

Tele # 804-343-0922

Signature _____

Date _____

Print Full Name _____

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

In compliance with the Fair Credit Reporting Act, we hereby notify you that we may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer report" includes, but is not limited to, credit reports, criminal background checks and department of motor vehicle reports.

We may also obtain an "investigative consumer report" which is information obtained through personal interviews with neighbors, friends, associates, acquaintances and others.

This disclosure also is to inform you that our insurance company may also request a consumer report on you, which under normal practice will consist of your driving record from the appropriate state department of motor vehicles. The purpose of the insurance company requesting a report will be for business insurance underwriting purposes. The insurance company is not your employer or perspective employer and will not make any employment decision relating to you.

AUTHORIZATION

I authorize the Company or entities acting on its behalf to obtain consumer reports regarding me from time to time for employment purposes as described above.

I understand that, pursuant to the federal Fair Credit Reporting Act, the Company will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Company. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. I have the right to make a request of (Consumer Reporting Agency), upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I hereby release Consumer Reporting Agency, the Company and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Applicant's Signature _____ Date _____

Please print:

Full Name _____

Previous Address _____ City _____ State _____ Zip _____
(prior to current address on application)

Social Security Number _____ - _____ - _____ *Birth Date _____

Driver's License: State _____ Number _____

For identification purposes only:

Maiden or former names: _____

*Date of birth information will be used by the consumer reporting agency to try to insure an accurate investigation. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against person 40 years of age or older.